

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b> 10/684,707	
	<b>Filing Date</b> Herewith	
	<b>First Named Inventor</b> Hartmut S. Engel	
	<b>Title</b>	LIGHTING FIXTURE CLOSING MECHANISM
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Unassigned
<b>Attorney Docket No.</b> LA-7690-105/10608047		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000167

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City	State	Zip	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature <i>Hartmut S. Engel</i>	Date <i>10.06.2009</i>
Name Hartmut S. Engel	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.